## erris

## **APPLICATION FOR RESIDENTIAL SERVICE**

Service Start Date:

City of Ferris 104 S Central Ferris, Tx 75125

Phone: (972) 842-2752 Fax: (972) 842-2609 ferristexas.gov

	Date:		Service Start	: Date:
Name:				
Phone:	Last		irst	М
E-mail:	Home Phone	Busines	ss Phone	Cell Phone
Service Addre				
Mailing Addre	Street ess:		City/State	Zip Code
ID informatio	Street		City/State	Zip Code
	Driver's License N	lumber	State	Social Security Number
Emergency C	Contact: Name		Address	Phone Number
Employment	::			
Do you own t	Name the property where service will l	be setup?	Address Yes N	Phone Number No
	Name	9 - 1	Address	Phone Number
If applicant will not be occupying serviced premises, list the name of occupants:  Have you previously had service in the City of Ferris?  If yes, what name/address?  When?				
THIS APPLICATION AND ANY SERVICE PROVIDED BY THE CITY OF FERRIS IS SUBJECT TO ALL TERMS AND PROVISIONS OF ALL APPLICABLE CITY ORDINANCES, RULES, AND REGULATIONS, INCLUDING BUT NOT LIMITED TO CITY ORDINANCES AND ALL OTHER APPLICABLE FEDERAL, STATE, AND LOCAL LAWS, CODES, RULES, AND REGULATIONS. THE UNDERSIGNED APPLICANT ACKOWLEDGES THAT THE OPPORTUNITY WAS AFFORDED TO REVIEW AND ORDINANCES AND FURTHER UNDERSTANDS THE TERMS AND PROVISIONS THEREOF, INCLUDING BUT NOT LIMITED TO THE RIGHT OF THE CITY OF FERRIS TO DISCONTINUE OR DISCONNECT SUCH SERVICE WITHOUT NOTICE TO APPLICANT AND/OR THE PROPERTY TO WHICH SERVICE IS OR MAY BE SUPPLIED FOR FAILURE TO TIMELY PAY WATER UTILITY BILLS AND OTHER CIRCUMSTANCES OF EVENTS.				
Applicant Signature:  **COPY OF DRIVER'S LICENSE OR PICTURE ID REQUIRED FOR ALL NEW SERVICE **				
	Payment Options:	Automatic Ban	ık Draft	_Bill me by mail
FOR OFFICE USE ONLY  NON-REFUNDABLE ACTIVATION FEE OF \$200.00 =TOTAL \$				
P.A		CHECK #	CREDIT CARE	<u> </u>
	CCOUNT NUMBER METER # ID #	PROCESSED BY		DATE